

3.2.13 Tooth Surface Codes – Rule 12/01/1998

Medicaid recognizes alphabetic codes to designate services on specific surfaces of specific teeth. These codes are not applicable to denturists' services.

Treatment involving adjacent surfaces on the same tooth must be identified as one procedure which indicates the number of surfaces, except for **B**, **L**, and **F**.

Use the following codes when referring to tooth surfaces on the ADA claim form:

A	— All Mesial-Occlusal-Distal-Buccal-Lingual
B	— Buccal (Labial) (Facial)
D	— Distal
DB	— Distal-Buccal
DBML	— Distal-Buccal-Mesial-Lingual
DI	— Distal-Incisal
DIB	— Distal-Incisal-Buccal
DIBL	— Distal-Incisal-Buccal-Lingual
DIL	— Distal-Incisal-Lingual
DL	— Distal-Lingual
DO	— Distal-Occlusal
DOB	— Distal-Occlusal-Buccal
DOBL	— Distal-Occlusal-Buccal Lingual
DOL	— Distal-Occlusal-Lingual
F	— Facial-Labial-Buccal
I	— Incisal-Occlusal
IB	— Incisal-Buccal
IL	— Incisal-Lingual
L	— Lingual
M	— Mesial
MB	— Mesial-Buccal
MI	— Mesial-Incisal
MIBL	— Mesial-Incisal-Buccal-Lingual
MID	— Mesial-Incisal-Distal
MIDB	— Mesial-Incisal-Distal-Buccal
MIDL	— Mesial-Incisal-Distal-Lingual
MIFDL	— Mesial-Incisal-Facial-Distal-Lingual
MIL	— Mesial-Incisal-Lingual
ML	— Mesial-Lingual
MO	— Mesial-Occlusal

MOB	— Mesial-Occlusal-Buccal
MOBL	— Mesial-Occlusal-Buccal-Lingual
MOD	— Mesial-Occlusal-Distal
MODB	— Mesial-Occlusal-Distal-Buccal
MODL	— Mesial-Occlusal-Distal-Lingual
MOL	— Mesial-Occlusal-Lingual
O	— Occlusal-Incisal
OB	— Occlusal-Buccal
OL	— Occlusal-Lingual
RT	— Retained Root - must indicate tooth number: example "Tooth #10, surface - RT"
SN	— Supernumary Tooth

3.3 Denturist Policy Guidelines

3.3.1 Overview

Idaho Medicaid processes charges submitted by Idaho licensed denturists for services provided to eligible clients. Claims must be submitted on the approved American Dental Association claim form. ADA claim forms from 1985 to the present may be used. Approved services are limited to those services allowed by Idaho code for Idaho licensed denturists.

3.3.2 Client Eligibility

Clients without eligibility restrictions are eligible for denturist services. Clients eligible for the PWC program or who have QMB eligibility are not eligible for denturist services.

3.3.3 Prior Authorization

Prior authorization is not required for the denturist procedures. Eligibility must be checked with Electronic Data Systems (EDS).

3.3.4 Payment – Rule 12/01/1998

Denturists will be reimbursed for procedures on a fee-for-service basis. Usual and customary charges will be paid up to the Medicaid maximum allowance. If a provider accepts Medicaid payment for a covered service, the Medicaid payment must be accepted as full payment and the client cannot be billed for the difference between the billed amount and the Medicaid allowed amount.

3.3.5 Service Limitations – Rule 12/01/1998

Medicaid allows complete and immediate denture construction once every five years. Denture reline is allowed once every two years. Complete and partial denture adjustment is considered part of the initial denture construction service for the first 6 months.

3.3.6 Procedure Codes – Rule 12/01/1998

The following codes are valid denturist procedure codes:

- **0515D** — Unable to deliver full denture. Laboratory cost may be paid for full dentures if the client: a) decides not to complete the denture, b) leaves the state, c) cannot be located, d) expires.
- **5110D** — Complete denture, upper
- **5120D** — Complete denture, lower
- **5130D** — Immediate denture, upper
- **5140D** — Immediate denture, lower
- **5410D** — Adjust complete denture, upper
- **5411D** — Adjust complete denture, lower
- **5421D** — Adjust partial denture, upper
- **5422D** — Adjust partial denture, lower
- **5510D** — Repair broken complete denture base; arch designation required
- **5520D** — Replace missing or broken teeth, complete denture (each tooth); six teeth maximum. Tooth designation required.
- **5610D** — Repair resin saddle or base; arch designation required
- **5620D** — Repair cast framework; arch designation required
- **5630D** — Repair or replace broken clasp; arch designation required
- **5640D** — Replace broken teeth per tooth; tooth designation required
- **5650D** — Add tooth to existing partial denture; tooth designation required
- **5660D** — Add clasp to existing partial denture; not requiring the altering of oral tissue or natural teeth. Tooth designation required
- **5730D** — Reline complete upper denture (chairside)
- **5731D** — Reline complete lower denture (chairside)
- **5740D** — Reline upper partial denture (chairside)
- **5741D** — Reline lower partial denture (chairside)
- **5750D** — Reline complete upper denture (laboratory)
- **5751D** — Reline complete lower denture (laboratory)
- **5760D** — Reline upper partial denture (laboratory)
- **5761D** — Reline lower partial denture (laboratory)

3.4 Prior Authorization

3.4.1 How to Request Dental Prior Authorization

All procedures which require prior authorization must be approved prior to the service being rendered. Retroactive authorization will be given only in an emergency situation or as the result of retroactive eligibility.

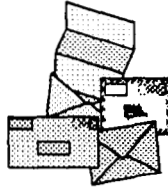
When requesting prior authorization for inpatient or outpatient services, specify the hospital or ASC where services will be rendered.

Prior authorization of Medicaid dental procedures does not guarantee payment. Client Medicaid eligibility must be verified by the provider before the authorized service is rendered.

Fill in the following required information on the American Dental Association (ADA) claim form to request prior authorization:

- Birth Date
- Client Name
- Client Number (Enter the seven-digit client identification number)
- Dentist Name
- Dentist License No. (Enter the nine-digit Medicaid provider number)
- Tooth Number (if applicable)
- Procedure Code(s)

Attach any pertinent information to substantiate the request for prior authorization, such as x-rays, models, and narratives when appropriate.



Send the ADA claim form and appropriate documentation to:

Bureau of Medicaid Policy and Operations

Dental Consultant
P.O. Box 83720
Boise, ID 83720-0036

A dental consultant reviews the requested procedure(s) with documentation and returns the approvals or denials via a "Notice of Decision for Medical Assistance Benefits" letter. If the request for prior authorization is denied, a dental consultant's explanation will be included.

When billing, the prior authorization (PA) number is required to be on the claim. For electronic claims, enter the authorization number in the prior authorization field on the screen. Be sure to inform all associated providers of the PA number.

Approved authorizations are valid for one year from the date of Medicaid authorization, unless otherwise indicated on the PA approval letter.



NOTE: Any questions regarding the prior authorization procedure or prior authorization requirements should be addressed to the Bureau of Medicaid Policy and Operations, Dental Consultant, at 1-208-334-5795.

Idaho Medicaid Provider Handbook

3.4.2 Prior Authorization Table

Questions regarding prior authorization should be addressed to Bureau of Medicaid Policy and Operations, Dental Consultant, at 1-208-334-5795.

Dental Code	PA Required	Dental Code	PA Required	Dental Code	PA Required	Dental Code	PA Required
00120	No	02721	Yes	05422	No	07240	No
00140	No	02751	Yes	05510	No	07241	No
00150	No	02791	Yes	05520	No	07250	No
00160	No	02920	No	05610	No	07270	No
00210	No	02930	No	05620	No	07280	No
00220	No	02931	No	05630	No	07281	No
00230	No	02932	No	05640	No	07286	No
00240	No	02940	No	05650	No	07320	No
00270	No	02950	No	05660	No	07470	No
00272	No	02951	No	05730	No	07510	No
00274	No	02954	No	05731	No	07910	No
00330	No	02955	No	05740	No	07960	No
00340	No	02980	No	05741	No	07970	No
00460	No	02999	Yes	05750	No	07971	No
00470	No	03110	No	05751	No	07999	Yes
00501	No	03220	No	05760	No	08010	Yes
00999	Yes	03310	No	05761	No	08020	Yes
01110	No	03320	No	05850	No	08030	Yes
01120	No	03330	No	05851	No	08040	Yes
01203	No	03410	No	05899	Yes	08050	Yes
01204	No	03421	No	05931	Yes	08060	Yes
01351	No	03425	No	05932	Yes	08070	Yes
01510	No	03426	No	05933	Yes	08080	Yes
01515	No	03430	No	05934	Yes	08090	Yes
01520	No	03999	Yes	05935	Yes	08210	Yes
01525	No	04210	No	05936	Yes	08220	Yes
01550	No	04211	No	05951	Yes	08670	No
02110	No	04220	No	05952	Yes	08680	No
02120	No	04320	No	05953	Yes	08999	Yes
02130	No	04321	No	05954	Yes	09110	No
02131	No	04341	No	05955	Yes	09220	No
02140	No	04355	No	05958	Yes	09221	No
02150	No	04910	No	05959	Yes	09230	No
02160	No	04999	Yes	05960	Yes	09240	No
02161	No	05110	No	05982	Yes	09310	No
02330	No	05120	No	05988	Yes	09420	No
02331	No	05130	No	05999	Yes	09430	No
02332	No	05140	No	06930	No	09440	No
02335	No	05150	Yes	06980	No	09910	No
02380	No	05211	No	06999	Yes	09920	No
02381	No	05212	No	07110	No	09930	No
02382	No	05213	No	07120	No	09940	No
02385	No	05214	No	07130	No	09951	No
02386	No	05410	No	07210	No	09952	Yes
02387	No	05411	No	07220	No	09999	Yes
02710	Yes	05421	No	07230	No		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Idaho

CASE MANAGEMENT SERVICES

A. Target Group:

Those Medicaid eligible individuals eighteen years of age and older who have a major mental illness and who are unable to function without on-going treatment, support or supervision, or who are experiencing a serious psychiatric crisis, and who lack the services or support systems necessary to restore them to previous levels of functioning, or to maintain levels of improved functioning. In the absence of services the person will exhibit a deteriorating clinical course which would lead to hospitalization or re-hospitalization, psychiatric emergencies, confinement in jail or other incarceration or the need for other more restrictive forms of care.

1. The following diagnostic and functional criteria will be applied to determine membership in this target population:

a. Diagnosis: A condition of severe and persistent mental illness and a diagnosis listed in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) within one of the following classification codes for:

- i. Schizophrenia-295.1,.2,.3,.6 and .9;
- ii. Organic mental disorders associated with Axis III physical disorders or conditions, or whose etiology is unknown-293.00, 293.81, 293.82, 293.83, 294.00, 294.10, 294.80, 310.10;
- iii. Affective disorders-296.2, 296.3, 296.4, 296.5, 296.6, 296.7, 300.4, 301.13, 311.0;
- iv. Delusional disorder-297.1;
- v. Other psychotic disorders-295.4, 295.7, 297.3, 298.8 and 298.9;

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State/Territory: Idaho

- vi. Personality disorders-301.00, 301.22, 301.83.
- vii. If the only diagnosis is one or more of the following, the person is not included in the target population for CM services:
 - a. Mental retardation; or
 - b. Alcoholism; or
 - c. Drug abuse.
- 2. Functional limitations: The psychiatric disorder must be of sufficient severity to cause a disturbance in the role performance or coping skills in at least two (2) of the following areas, on either a continuous (more than once per year) or an intermittent (at least once per year) basis:
 - A. Vocational or academic: Is unemployed, unable to work or attend school, is employed in a sheltered setting or supportive work situation, or has markedly limited skills and a poor work history.
 - B. Financial: Requires public financial assistance for out-of-hospital maintenance and may be unable to procure such assistance without help, or the person is unable to support him or manage his finances without assistance.
 - C. Social/interpersonal: Has difficulty in establishing or maintaining a personal social support system, has become isolated, has no friends or peer group and may have lost or failed to acquire the capacity to pursue recreational or social interests.
 - D. Family: Is unable to carry out usual roles and functions in a family, such as spouse, parent, or child, or faces gross familial disruption or imminent exclusion from the family.

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- E. Basic living skills: Requires help in basic living skills, such as hygiene, food preparation, or other activities of daily living, or is gravely disabled and unable to meet daily living requirements.
- F. Housing: Has lost or is at risk of losing his current residence.
- G. Community: Exhibits inappropriate social behavior or otherwise causes a public disturbance due to poor judgment, bizarre, or intrusive behavior which results in intervention by law enforcement and/or the judicial system.
- H. Health: Requires assistance in maintaining physical health or in adhering to medically prescribed treatment regimens.
- B. Areas of State in which services will be provided:
- ☒ Entire State
- C. Comparability of Services
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10))B) of the Act.
- D. Definition of Services:

Services Descriptions: CM services shall be delivered by eligible providers to assist the Medicaid recipient to obtain and coordinate needed health, educational, vocational and social services in the least restrictive, most appropriate and most cost-effective setting. CM services shall consist of the following core functions:

1. Assessment: A CM provider must have the capacity to perform written comprehensive assessments of a person's assets, deficits and needs. Assessment is an interactive process with the maximum feasible involvement of the recipient. Should the assessments reveal that the person does not need CM services, appropriate referrals will be made to meet other needs of the participant.

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